

CAPHLD 61st Annual Institute
Embassy Suites Monterey Bay- Seaside, CA
October 21, 2010

EXHIBIT REGISTRATION FORM

COMPANY NAME		
ADDRESS		
TELEPHONE	FAX	E-MAIL
ARRANGEMENTS CONTACT PERSON	TELEPHONE	FAX
PRIMARY SERVICE OR PRODUCTS		
For Program listing, names of representatives (no more than two listed please) to be present:		

Note: List electrical and special requirements on reverse

I acknowledge receipt of a copy of the Exhibitor Agreement. I agree to abide by the provisions outlined therein. I wish to exhibit as follows: Institute Exhibit night, Thursday October 21, 2010 **Fee:** \$500.00

As a supporting vendor, we would like to offer your company an opportunity to help sponsor the CAPHLD 61th Annual Institute with a contribution to any of the following:

Categories of Sponsorship for the 2010 CAPHLD 61th Annual Institute

Platinum	\$1,000*
Gold	\$ 500*
Silver	\$ 250*

* Companies that support at the Platinum level will also have their name prominently displayed during one of the meeting receptions, while those who support at the Gold level will have their name prominently displayed at one of the meeting breaks.

APPLICANT'S SIGNATURE: _____

DATE: _____

Please return this form, with the check to:

Please make checks payable to *CAPHLD*.

Janna Troy
County of Riverside
Department of Public Health - Laboratory
P.O. Box 7600
Riverside, CA 92513-7600

SPONSORSHIP OPPORTUNITIES*

Opportunities are available to sponsor breaks, lunches, and other events. Contact Janna Troy at Riverside County Department of Public Health at 951-358-5070.

CAPHLD WEB OPPORTUNITIES (<http://www.caphld.org>)

* Free listing and hot link for exhibitors on CAPHLD's Exhibitor's Page.

CAPHLD is a nonprofit 501(C)(3) Corporation. Federal ID # 68-0026779